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SIPDIS

FOR USAID/RDM-A/BANGKOK

SENSITIVE

STATE FOR G; CA/OCS/ACS/EAP; EAP/EX; EAP/MLS; EAP/EP; INR;  
OES/STC (PBATES); OES/IHA (DSINGER AND NCOMELLA)  
BANGKOK FOR RMO, CDC, USAID/RDM/A (MFRIEDMAN)  
USDA FOR FAS/PASS TO APHIS  
DEPARTMENT OF DEFENSE FOR OSD/ISA/AP (LSTERN)  
USAID FOR ANE AND GH (DCAROLL, SCLEMENTS AND PCHAPLIN)  
STATE PASS USTR (ELENA BRYAN)  
STATE ALSO PASS HHS/OGHA (EELVANDER)  
ROME FOR FAO

E.O. 12958: N/A

TAGS: [AMED](#) [AMGT](#) [CASC](#) [EAGR](#) [PINR](#) [SOCI](#) [PGOV](#) [TBIO](#) [VM](#) [AFLU](#)  
SUBJECT: APEC OFFICIAL MICHALAK'S WHO MEETING ON AVIAN  
INFLUENZA

SENSITIVE BUT UNCLASSIFIED

1. (SBU) Summary: U.S. Senior Official for the Asia Pacific Economic Cooperation (APEC) Michael Michalak met with Dr. Hans Troedsson, World Health Organization (WHO) Representative to Vietnam, on October 10 to discuss avian influenza (AI) issues, including Vietnam's response plans, current control efforts and future response capabilities. Troedsson noted the Government of Vietnam (GVN) had made significant progress on control measures, but not in planning and response capabilities. He and Michalak discussed potential solutions and mechanisms for improving donor coordination to better assist the Vietnamese in improving their capacity for rapid response to a potential AI outbreak during the upcoming December flu season. End Summary.

DECEMBER 2005: THE NEXT OUTBREAK IN VIETNAM?

2. (SBU) U.S. Senior Official for the Asia Pacific Economic Cooperation (APEC) Michael Michalak met with Dr. Hans Troedsson, World Health Organization (WHO) Representative to Vietnam, on October 10 to discuss avian influenza (AI) issues. Troedsson began by explaining that AI outbreaks in Vietnam are seasonal: the first outbreak occurred from December 2003 until March 2004. The second outbreak began in December 2004 and ended in July 2005, though the July case was not confirmed until August. No AI cases have been found in Vietnam since then. Dr. Troedsson cautioned that it was "very likely" a third outbreak will occur beginning in December 2005.

GVN PLANNING, CONTROL, AND TRANSPARENCY: SLOW BUT IMPROVING

3. (SBU) Though he acknowledged progress has been very slow, Troedsson's current evaluation of the GVN's AI preparedness planning was guardedly positive. With WHO help, the GVN has drafted a national preparedness plan that significantly improves inter-ministerial coordination and lays out a reasonable response to an AI outbreak. The GVN, he said, is finally thinking of AI as an issue that can affect multiple sectors, not just health. Troedsson also affirmed that the GVN's control capabilities have greatly improved. The GVN has been stockpiling Tamiflu, begun efforts to develop a human vaccine, and is receiving advice and technical assistance from teams of independent experts. Mass poultry vaccinations conducted by GVN officials are decreasing the virus load in the country.

4. (SBU) According to Troedsson, the GVN's level and quality of cooperation with the WHO and other donors has also dramatically improved. The GVN now shares samples with the WHO as well as other information, such as suspected cases, in a more timely manner. The Prime Minister and Deputy Prime Minister, rather than lower-ranking officials at a single ministry, are now involved in the decision-making on AI response. Even the Ministry of Health (MOH), which has been very unresponsive in its initial response to AI, is improving its cooperation with the WHO and other bilateral and multilateral agencies, he explained.

GVN TECHNICAL CAPACITY IS BETTER...

5. (SBU) Troedsson laid out in detail the two main components of the GVN's AI efforts in the field. The first is the sentinel program, where eight regional laboratories around the country conduct blood tests on any Vietnamese with flu-like symptoms and send those specimens for further

confirmation testing to the National Institute of Hygiene and Epidemiology (NIHE) in Hanoi or the Pasteur Institute in HCMC. Four of these sites are in the north and four in the south. There are no sentinel sites in the Central region because there have been no reported cases of AI from this area. The second component is a surveillance program where any health facility in the country that sees a suspicious case will try to take samples and send them on for further testing. Troedsson confirmed the GVN does have the capability, despite some earlier problems, to identify both the H5 and the N1 parts of the AI virus using the CDC Atlanta's PCR Step One methodology. It also has adequate laboratory and technical capacity to carry out the sentinel and surveillance program testing. According to Troedsson, there is now a "critical mass" of knowledge in these labs.

...BUT THERE ARE STILL NO MEANS FOR RAPID RESPONSE

16. (SBU) While response planning and coordination has improved and the technical capacity for control and detection of AI has become more sophisticated, Troedsson acknowledged that the GVN still does not have the ability to respond rapidly to a large outbreak, especially in more than one area. In light of this, the WHO has been proposing that the GVN and donors create and deploy expert teams stationed in the provinces that can make a first assessment in the field without having to ship or transport specimens for testing in Hanoi. Questions remain about team composition (domestic, international or mixed), but the purpose is clear: these teams would quickly identify the virus and initiate response plans immediately, hopefully containing the spread of the virus. Troedsson warned that even with a contained outbreak, the GVN will immediately encounter capacity problems with inadequate numbers of beds, medical personnel, Tamiflu and quarantine facilities. Thus, the donors have to help the GVN expand this capacity now so that health services, particularly at the provincial level, can manage any future outbreak.

THE DONOR ROLE: MORE FOCUSED COORDINATION

17. (SBU) Troedsson emphasized that because flu season usually begins in December and since Vietnam has only a few trained, qualified epidemiologists, there is a limited window for financial and technical assistance from donors to really have an impact. To do so at all will require significant donor coordination. In response to Michalak's question about whether or not the donors needed a new donor mechanism to administer aid and assistance in order to meet this urgent need, Troedsson noted that in the short-term the UN has taken on a coordinating role and is developing an efficient funding mechanism and steering committee. As for long-term coordination to combat AI, this is still an evolving issue that requires more work and effort. He emphasized that Vietnam needs its own coordinating body and that since it cannot be immediately funded and created, the UN Development Program (UNDP) office in Hanoi will continue to be the focal point for donors right now.

18. (SBU) Looking ahead, Troedsson suggested that Vietnam might need donor coordination at the country level and possibly at the regional and international level as well. Acknowledging that an international coordinating body risked creating a global AI fund, which would not be the most efficient means of responding, Troedsson stated he believed long-term donor assistance for Vietnam needed to start at the country level and build up from there.

19. (U) Mr. Michalak has cleared this cable.

MARINE